This checklist applies to the following death and living benefits, riders and any hybrid thereof:

- Guaranteed Minimum Death Benefit
- Guaranteed Minimum Withdrawal Benefit
- Guaranteed Minimum Income Benefit
- Guaranteed Minimum Accumulation Benefit

FILING REQUIREMENTS

| Requirement | *Included in Filing Submission (Y / N/A) |
|--|---|
| 1. Uniform Transmittal Document | |
| 2. Annuity Guaranteed Benefits Checklist | |
| 3. Certification of Compliance | |
| 4. Rider Form | |
| 5. Specification Page(s) for riders with charges | |
| 6. Actuarial Memorandum | |
| 7. Statement of Variability | |
| 8. Application(s) | |
| 9. Lockbox form | |

^{*}If a filing requirement is not included in filing submission, provide explanation in Section 15 of the Uniform Transmittal Document (paper filing), or the Filing Description field (SERFF filing). Please note: information provided in Section 15 of the UTD and the Filing Description Field replace the cover letter requirement. Please do not refer to a cover letter in this section.

Filing Requirement Specifications

- 1. Uniform Transmittal Document: Section 15, indicate form number and approval date of all products the rider will be used with
- 2. Annuity Guaranteed Benefits Rider Checklist: **Signed by filer, certifying accuracy
- 3. Certification of Compliance: **Signed by an authorized officer of the company
- 4. Rider form: Pages numbered, if available after issue, name of company assuming risk is on page 1 of rider form
- 5. A Specification page reflecting the start date and end date of the rider and applicable charges if applicable. If end date can not be determined at issue, an explanation of the conditions for termination should be stated.
- 6. Actuarial Memorandum: **Signed by actuary certifying compliance
- 7. Statement of Variability: define the minimum and maximum range for each variable all variable items should be in brackets in the form filing
- 8. Application: a copy of the application used to elect the benefit
- 9. Lockbox form: Original sent to bank with check

Marketing materials and applicable prospectus pages may be requested by the examiner for clarification and understanding of the benefits. If submitted with filing, or subsequently upon request, these documents are considered as information only and are not approved by the Division.

- ** If these types of forms are received electronically, only the following forms of signature are acceptable:
 - •A digitized signature: This is a signature that has been duplicated in a computerized system from a wet signature. It is not a typed name.
 - •A scanned copy of the original document that contains a wet or stamped signature

FORM REQUIREMENTS

| ID | Requirement | Inclu ded (Y / N/A) | Page Location in Form | Paragraph Location in Form | Comments Explanation of N/A responses |
|----|---|---------------------|-----------------------------|----------------------------------|--|
| F1 | Form is headed or entitled with the name | | | | |
| | of the insurance company assuming the insurance risk. (M.G.L. 175 §§ 18 and | | | | |
| | 192) | | | | |
| F2 | Benefit charge(s) is itemized on a specification page if applicable | | | | |
| F3 | Technical and unique terms are clearly | | | | |
| | defined within a Definitions Section; or | | | | |
| | technical and unique terms are clearly | | | | |
| | defined immediately following the first use of the term | | | | |
| F4 | A provision indicating that the product | | | | |
| | form/rider form language takes | | | | |
| | precedence if conflicting | | | | |
| F5 | A provision explaining the method for determining charges | | | | |
| F6 | A provision explaining how the benefit is calculated | | | | |
| F7 | A provision explaining the impact | | | | |
| | exercising this benefit will have on other | | | | |
| | policy provisions if any (investment | | | | |
| | options, death benefits, loan provisions etc.) | | | | |
| F8 | A provision explaining the impact | | | | |
| | exercising other policy benefits will have | | | | |
| | on the guaranteed benefit | | | | |
| F9 | A provision outlining investment option | | | | |
| | restrictions if applicable | | | | |

| F10 | A provision detailing how and when the benefit will terminate | | | |
|-----|--|--|--|--|
| F11 | A provision providing the conditions required to restore the benefit after termination if applicable | | | |
| F12 | If investment restrictions exist: a provision explaining how the contract holder will be notified of changes to fund classifications (e.g. funds can only be invested in conservative investment options, DCA, fixed account not available etc.) | | | |
| F13 | A provision describing the guarantee design of the benefit (Return of premium, Roll-up, Reset, Ratchet Maximum of Ratchet or Roll-up) | | | |

ACTUARIAL MEMORANDUM REQUIREMENTS

| ID | Requirement | Included (Y / N/A) | Page Location | Paragraph Location | Comments Explanation of N/A responses |
|----|--|-----------------------|------------------|-----------------------|---------------------------------------|
| A1 | Issue ages | | | | |
| A2 | Restrictions/limitations (E.g. to withdrawals, investment options or programs, etc.) | | | | |
| A3 | Benefit availability: at issue, post-issue | | | | |

| A4 | Explanation of how the contract | | | | | | |
|----------|--|--|--|---|------|--|--|
| | holder will be notified of changes to | | | | | | |
| | fund classifications if investment | | | | | | |
| | restrictions exist (e.g. funds can only | | | | | | |
| | be invested in conservative | | | | | | |
| | investment options, DCA, fixed | | | | | | |
| | account not available etc.) available | | | | | | |
| | etc.) | | | | | | |
| A5 | Effective and termination period | | | | | | |
| A6 | A brief explanation of the | | | | | | |
| | methodology used to determine the | | | | | | |
| | charge for the rider | | | | | | |
| A7 | Other riders that may be in effect | | | | | | |
| | concurrently | | | | | | |
| A8 | Signed certification of compliance | | | | | | |
| | with M.G.L. 175 § 9, AG 39 (living | | | | | | |
| | benefits only), AG 33 and 34 (death | | | | | | |
| | benefit only) & detail specific to | | | | | | |
| | other methods of risk mitigation, if | | | | | | |
| | applicable (e.g. reinsurance, hedging | | | | | | |
| | program) | | | | | | |
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| CERT | TIFICATION | | | | | | |
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| This cl | This checklist has been completed and is certified as accurate by: | | | | | | |
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| riiii l' | Finit Name | | | | | | |
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| Signat | ure | | | | | | |